



Recovery Works
Division of Mental Health and Addiction
Voucher Reimbursement Claim



Participant DARMHA ID _____ Participant Date of Birth (mm/dd/yyyy) _____

Vouchers for week of _____

Service	Date of Service	Start Time of Service	End Time of Service	Number of Units	Encounter Note*

I attest that the above Recovery Works participant received the listed services throughout the week of _____. All necessary documentation can be found in the participant’s electronic/paper file. (dates services were provided)

Signature of Designated Recovery Works Provider _____ Date _____

*An Encounter Note is only necessary if the service was provided by a subcontractor. If service was provided by a subcontractor, Encounter Note should tell us who the service was provided by, for example, “Service was provided by ABC Agency.”